

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> J.S. DEPARTMENT OF STATE OFFICE OF LEGAL ADVISER FOR LAW ENFORCEMENT AND INTELLIGENCE ROOM 5419 ATTN: AMBER KLUESENER 2201 C STREET NW WASHINGTON, D.C. 20520 </div>		B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <div style="border: 1px solid black; padding: 5px;"> U.S. DEPARTMENT OF STATE NOV 21 2017 </div>	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7005 1160 0005 0381 8968		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

NOV 27 2017

CLERK, U.S. DISTRICT COURT
WESTERN DISTRICT OF TEXAS
BY *[Signature]*

CLERK, U.S. District Court
656 E. Cesar E. Chavez Blvd. Rm G65
San Antonio, Texas 78205

SCREENED BY CSO
NOV 27 2017

Re: SA 17-MJ-786-ESC(1)
AGER MOHSIN HASAN